



SAULS	CECIL	R.		451-16-4916
SCHAPER	VICTOR			457-50-5777
SCHAPPER	PEYTON	A.	JR.	460-30-7552
SCHLOSSER	TIM			299-50-4441
SCOTT	JOHN	E.		453-68-4909
SEALS	PORTER			424-28-3536
SEGURA	ALLEN	J.		451-46-5055
SERDA	MIGUEL	R.	JR.	465-66-7075
SEVERIN	WALTER	P.		450-66-6388
SHARP	RICHARD	A.		460-10-1915
SHAW	DENNIS	D.		291-48-3355
SHEPHERD	HIRAM			461-03-8819
SHOULTZ	LARRY	T.		424-44-7517
SHOUP	ROBERT	L.		176-09-1666
SIMMONS	LUTHER			451-46-8572
SIMON	EDDIE			459-03-6248
SKINNER	HOMER	G.		467-34-0985
SMITH	CHARLES	W.		432-86-4909
SMITH	CLAYTON	D.		459-03-0996
SMITH	DANIEL	C.		421-10-4346
SMITH	ERNEST			451-18-9317
SMITH	MERRIAM	A.		514-56-3485
SMITH	ZEBEDEE			587-86-7654
SMOOT	LEALER	L.		422-28-2473
SOUTHERN	WILLIE		SR.	439-38-1791
SPELL	EUGENE	W.		449-18-3658



SPURLOCK	ESKER	L.		456-34-1719
STATEN	WILLIE			266-26-6554
STEPHENS	WARREN	C.		452-26-6503
STEPHENSON	F.	A.	JR.	456-34-6195
STEVENS	SYLVAN	G.		451-36-0706
STEWART	DAN	B.		427-20-2246
STEWART	GRIFFIN			459-09-9072
STEWART	JOHNNIE			450-03-9916
STEWART	THOMAS			435-01-9090
STOUGH	JOHN	P.		417-01-3236
STOUT	RALPH		JR.	449-01-3475
STRICKLEN	LOREN	L.		431-22-3658
STRINGER	WILLIAM	O.		462-44-7013
SULLENDER	ROHLIN	E.	JR.	461-64-2651
SUMLER	ALTON	E.		434-28-1030
SWEARINGEN	FRANK	M.		454-40-8615
SWEAT	LEONARD			466-28-1861
SWYMER	JAMES	T.		253-38-4074
TADDIA	ANGELO	R.		024-26-3566
TANTON	WILLIAM	J.		451-36-5837
TERRO	NOLANCE			439-16-2842
THERIOT	RIVERS	L.		454-10-0914
THIBODEAUX	LEROY	J.		438-46-5981
THIBODEAUX	PHILLIP	R.		439-16-8187
THOMAS	BENNIE	J.		454-58-1995
THOMAS	VESSIE			449-03-9031



THOMPSON	BRYAN	H.		072-20-9769
THREATS	JOSEPH			439-38-2216
TIGNER	OSCAR			465-16-7147
TOMPKINS	JOSEPH	R.		189-22-3627
TOMPLAIT	DENNIE	G.		450-56-6427
TORTORICE	JAKE			452-09-5544
TRAHAN	BERNARD	C.		435-32-3418
TRAWECK	WALTER	W.		454-10-6466
TRAWECK	WALTER	W.		454-10-6466
TRIPLETT	JOHN	W.		402-60-7681
TYNES	FRED	H.		437-30-0969
URBAN	MARTIN	J.		138-07-4111
VASQUEZ	ENRIQUE	M.	JR.	457-66-2382
VAUGHAN	JOHN	C.		452-48-4899
VIDALIER	MURPHY	J.		433-32-6529
VINEGAR	FISHER			437-20-8605
VOTAW	JAMES	J.		452-30-3242
VOTAW	WILLIE	R.		461-20-6579
WACTOR	RAY			438-30-4654
WAGNER	RICHARD	J.		059-18-2716
WALKER	NEDDIE	D.		425-40-2828
WALKER	ROBERT	D.	SR.	453-56-7370
WALLACE	JAMES			453-44-6660
WARREN	WILFORD	G.		459-02-1029
WEAVER	ARCHIE	MC		418-48-0811
WEAVER	WOODIE			417-56-7822



WEBB	HAROLD	B.		235-01-4056
WELCH	THOMAS	L.		463-16-8915
WELDON	HENRY	T.	SR.	437-24-3976
WHISENANT	R.	IV.		451-36-2353
WHITAKER	JEWEL			452-24-8698
WHITE	FRANK	W.		445-16-6088
WHITLEY	ACCIE	L.		460-58-8076
WILEY	ELBERT		SR.	459-05-2671
WILLIAMS	FELTON			459-09-8719
WILLIAMS	HUNTER			428-12-1058
WILLIAMS	KENNETH	C.		440-26-7727
WILLIAMS	SAMMY	A.		443-26-0222
WILLIAMS	TIMOTHY			421-66-8954
WILLIAMS	TOM			367-32-7547
WILLS	DENNIS			454-32-2974
WILSON	REMUS			262-24-9555
WING	EUGENE			436-20-4316
WISE	JOHN	E.		464-54-8560
WISRODT	AUGUST	IV.		438-26-0240
WOOD	JOSEPH	L.		428-38-4246
WOOD	OLVIN	R.		462-44-6641
WOOD	THOMAS			423-20-5860
WOODRUFF	FRANK			431-18-7141
WOODS	LELAN	R.		464-22-3939
WOODS	ROY	G.		558-36-7849
WRIGHT	ALPHONSE	C.		422-01-9721



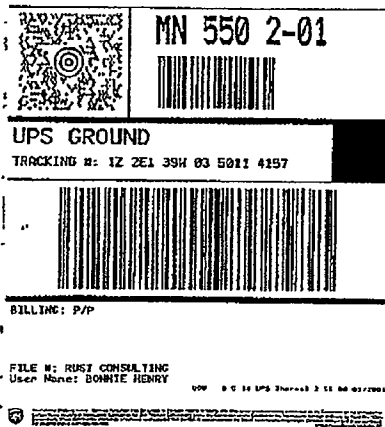
WRIGHT	B.	M.		466-36-3246
WRIGHT	WILLIAM	L.		460-44-7602
YARBROUGH	J.	B.		415-16-4465
YOUNG	HERBERT			437-22-3661
ZAPATA	RODOLFO		JR.	461-13-1722
ZERKO	JOHN	D.		460-54-1519

PROVOST DAPHNEY  
1400 806-6000 532  
370 PARK  
BEAUMONT TX 77701

37 LBS

• 14 OF 14

SHIP TO: . . .  
CLAIMS PROCESSING AGENT  
RUST CONSULTING INC.  
201 S. LYNDALE AVENUE  
FARIBAULT MN 55021



REC'D APR 13 2006

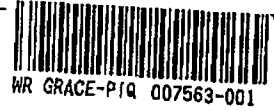
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REVU

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# W. R. Grace Asbestos Personal Injury Questionnaire



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RE:

Provost & Umphrey

PO Box 4905

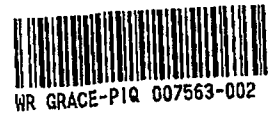
Beaumont TX 77704

REDACTED

REC'D APR 13 2006



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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE



In re: ) Chapter 11  
W. R. GRACE & CO., et al., ) Case No. 01-01139 (JKF)  
Debtors. ) Jointly Administered  
)  
)

## W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
P.O. BOX 1620  
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL  
SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
201 S. LYNDAL AVE.  
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

**INSTRUCTIONS****A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.  
  
Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

**B. PART I – Identity of Injured Person and Legal Counsel**

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

**C. PART II – Asbestos-Related Condition(s)**

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

**Supporting Documents for Diagnosis:** This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

**X-rays and B-reads:** Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

**Pulmonary Function Tests:** Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

**D. PART III - Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product as a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

**Occupation Codes**

- |  |   |
|--|---|
| 01. Air conditioning and heating installer/maintenance           | 31. Iron worker   |
| 02. Asbestos miner   | 32. Joiner  |
| 03. Asbestos plant worker/asbestos manufacturing worker          | 33. Laborer   |
| 04. Asbestos removal/abatement                                   | 34. Longshoreman  |
| 05. Asbestos sprayer/spray gun mechanic                          | 35. Machinist/machine operator                            |
| 06. Assembly line/factory/plant worker                           | 36. Millwright/mill worker                                |
| 07. Auto mechanic/bodywork/brake repairman                       | 37. Mixer/bagger  |
| 08. Boilermaker  | 38. Non-asbestos miner                                    |
| 09. Boiler repairman   | 39. Non-occupational/residential                          |
| 10. Boiler worker/cleaner/inspector/engineer/installer           | 40. Painter   |
| 11. Building maintenance/building superintendent                 | 41. Pipefitter  |
| 12. Brake manufacturer/installer                                 | 42. Plasterer   |
| 13. Brick mason/layer/hod carrier                                | 43. Plumber - install/repair                              |
| 14. Burner operator  | 44. Power plant operator                                  |
| 15. Carpenter/woodworker/cabinetmaker                            | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper  | 46. Railroad worker/carman/brakeman/machinist/conductor   |
| 17. Clerical/office worker                                       | 47. Refinery worker                                       |
| 18. Construction - general                                       | 48. Remover/installer of gaskets                          |
| 19. Custodian/janitor in office/residential building             | 49. Rigger/stevedore/seaman                               |
| 20. Custodian/janitor in plant/manufacturing facility            | 50. Rubber/tire worker                                    |
| 21. Electrician/inspector/worker                                 | 51. Sandblaster   |
| 22. Engineer   | 52. Sheet metal worker/sheet metal mechanic               |
| 23. Firefighter  | 53. Shipfitter/shipwright/ship builder                    |
| 24. Fireman  | 54. Shipyard worker (md. repair, maintenance)             |
| 25. Flooring installer/tile installer/tile mechanic              | 55. Steamfitter   |
| 26. Foundry worker   | 56. Steelworker   |
| 27. Furnace worker/repairman/installer                           | 57. Warehouse worker                                      |
| 28. Glass worker   | 58. Welder/blacksmith                                     |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other   |
| 30. Insulator  |   |

**Industry Codes**

- |  |  |
|--|--|
| 001. Asbestos abatement/removal          | 109. Petrochemical                             |
| 002. Aerospace/aviation                  | 110. Railroad                                  |
| 100. Asbestos mining                     | 111. Shipyard-construction/repair              |
| 101. Automotive                          | 112. Textile                                   |
| 102. Chemical                            | 113. Tire/rubber                               |
| 103. Construction trades                 | 114. U.S. Navy                                 |
| 104. Iron/steel                          | 115. Utilities                                 |
| 105. Longshore                           | 116. Grace asbestos manufacture or milling     |
| 106. Maritime                            | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy)     | 118. Other                                     |
| 108. Non-asbestos products manufacturing |  |

**E. PART IV -- Indirect Exposure to Grace Asbestos-Containing Products**

In Part IV, please provide the information requested for any injury alleged to have been caused by asbestos-containing products through contact/proximity with another injured person. If you have contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

**F. PART V -- Exposure to Non-Grace Asbestos-Containing Products**

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

**G. PART VI -- Employment History**

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

**H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica**

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

**I. PART VIII -- Claims by Dependents or Related Persons**

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

**J. PART IX -- Supporting Documentation**

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

**K. PART X -- Attestation that Information is True, Accurate and Complete**

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.



**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

WR GRACE-PIQ 007563-008

b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- ☐ other (please specify): \_\_\_\_\_

c. **Other Cancer:**

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- ☐ colon      ☐ pharyngeal      ☐ esophageal      ☐ laryngeal      ☐ stomach cancer
- ☐ other, please specify: \_\_\_\_\_

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- ☐ other (please specify): \_\_\_\_\_

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

- d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
  - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ asbestosis determined by pathology
  - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
  - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
  - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
  - ☐ other (please specify): \_\_\_\_\_
- e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
  - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
  - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
  - ☐ asbestosis determined by pathology
  - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
  - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
  - ☐ other (please specify): \_\_\_\_\_

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

- f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
  - ☐ diagnosis determined by pathology
  - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
  - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
  - ☐ a chest x-ray reading other than those described above
  - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
  - ☐ a pulmonary function test other than that discussed above
  - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
  - ☐ a CT Scan or similar testing
  - ☐ a diagnosis other than those above
  - ☐ other (please specify): \_\_\_\_\_

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**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

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**2. Information Regarding Diagnosis**

Date of Diagnosis: ..... / ..... / .....

Diagnosing Doctor's Name: .....

Diagnosing Doctor's Specialty: .....

Diagnosing Doctor's Mailing Address: .....  
Address

City ..... State/Province ..... Zip/Postal Code .....

Diagnosing Doctor's Daytime Telephone Number: ..... ( ..... ) ..... - .....

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? ..... ☐ Yes ☐ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? ..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: .....

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? ..... ☐ Yes ☐ NoWas the diagnosing doctor referred to you by counsel? ..... ☐ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your legal counsel? ..... ☐ Yes ☐ No

If yes, please explain: .....

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? ..... ☐ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? ..... ☐ Yes ☐ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? ..... ☐ Yes ☐ NoDid the diagnosing doctor perform a physical examination? ..... ☐ Yes ☐ NoDo you currently use tobacco products? ..... ☐ Yes ☐ NoHave you ever used tobacco products? ..... ☐ Yes ☐ No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

☐ Cigarettes      Packs Per Day (half pack = .5) ..... Start Year ..... End Year .....☐ Cigars      Cigars Per Day ..... Start Year ..... End Year .....☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): .....  
Amount Per Day ..... Start Year ..... End Year .....Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ..... ☐ Yes ☐ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

**3. Information Regarding Chest X-Ray**

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☐ Other: .....Address where chest x-ray taken: .....  
Address

City ..... State/Province ..... Zip/Postal Code .....

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)****4. Information Regarding Chest X-Ray Reading**

Date of Reading: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ILO score: \_\_\_\_\_

Name of Reader: \_\_\_\_\_

Reader's Daytime Telephone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reader's Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed? \_\_\_\_\_ ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the reader? \_\_\_\_\_ ☐ Yes ☐ NoWas the reader referred to you by counsel? \_\_\_\_\_ ☐ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? \_\_\_\_\_ ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?  
\_\_\_\_\_ ☐ Yes ☐ No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: \_\_\_\_\_

**5. Information Regarding Pulmonary Function Test: \_\_\_\_\_ Date of Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

List your height in feet and inches when test given: \_\_\_\_\_ ft \_\_\_\_\_ inches

List your weight in pounds when test given: \_\_\_\_\_ lbs

Total Lung Capacity (TLC): \_\_\_\_\_ % of predicted

Forced Vital Capacity (FVC): \_\_\_\_\_ % of predicted

FEV1/FVC Ratio: \_\_\_\_\_ % of predicted

Name of Doctor Performing Test (if applicable): \_\_\_\_\_

Doctor's Specialty: \_\_\_\_\_

Name of Clinician Performing Test (if applicable): \_\_\_\_\_

Testing Doctor or Clinician's Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Testing Doctor or Clinician's Daytime Telephone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Doctor Interpreting Test: \_\_\_\_\_

Doctor's Specialty: \_\_\_\_\_

Interpreting Doctor's Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Interpreting Doctor's Daytime Telephone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

With respect to your relationship to the doctor or clinician who performed the pulmonary function test, check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? ..... ☐ Yes ☐ No

Was the testing doctor and/or clinician paid for the services that he/she performed? ..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician?.. ☐ Yes ☐ No

Was the testing doctor or clinician referred to you by counsel?..... ☐ Yes ☐ No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? ..... ☐ Yes ☐ No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? ..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? ..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the doctor? ..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? ..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? ..... ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?..... ☐ Yes ☐ No

#### 6. Information Regarding Pathology Reports:

Date of Pathology Report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Findings: \_\_\_\_\_

Name of Doctor Issuing Report: \_\_\_\_\_

Doctor's Specialty: \_\_\_\_\_

Doctor's Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Doctor's Daytime Telephone Number: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? ..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? ..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the doctor? ..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? ..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

..... ☐ Yes ☐ No

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**



7. With respect to the condition alleged, have you received medical treatment from a doctor

☐ Yes ☐ No

*If yes, please complete the following:*

Name of Treating Doctor: \_\_\_\_\_

Treating Doctor's Specialty: \_\_\_\_\_

Treating Doctor's Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Treating Doctor's Daytime Telephone number: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Was the doctor paid for the services that he/she performed? ..... ☐ Yes ☐ No

*If yes, please indicate who paid for the services performed:* \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the doctor? ..... ☐ Yes ☐ No

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**PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

**Site of Exposure:**

Site Name: \_\_\_\_\_

Location: \_\_\_\_\_

Site Type: ☐ Residence ☐ Business Site Owner: \_\_\_\_\_

Employer During Exposure: \_\_\_\_\_

Unions of which you were a member during your employment: \_\_\_\_\_

	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code <i>If Code 50 specify</i>	Industry Code <i>If Code 118 specify</i>	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? <i>If Yes, please indicate your regular proximity to such areas</i>	Nature of Exposure
Job 1 Description:							
Job 2 Description:							
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							



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**PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? ..... ☐ Yes ☐ No

*If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.*

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What is your Relationship to Other Injured Person: ..... ☐ Spouse ☐ Child ☐ Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

\_\_\_\_\_

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

\_\_\_\_\_

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? ..... ☐ Yes ☐ No

*If yes, please provide caption, case number, file date, and court name for the lawsuit:*

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_ File Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Court Name: \_\_\_\_\_

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

\_\_\_\_\_

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

\_\_\_\_\_

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**PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS**

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Party Against which Lawsuit or Claim was Filed:

Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code <i>If Code 59, specify.</i>	Industry Code <i>If Code 118, specify.</i>	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? <i>If Yes, please indicate your regular proximity to such areas</i>	Nature of Exposure
<b>Site of Exposure 1</b> Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
<b>Site of Exposure 2</b> Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
<b>Site of Exposure 3</b> Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				

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**PART VI: EMPLOYMENT HISTORY**

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industry, including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: \_\_\_\_\_ If Code 59, specify: \_\_\_\_\_

Industry Code: \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_

Employer: \_\_\_\_\_

Beginning of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Occupation Code: \_\_\_\_\_ If Code 59, specify: \_\_\_\_\_

Industry Code: \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_

Employer: \_\_\_\_\_

Beginning of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Occupation Code: \_\_\_\_\_ If Code 59, specify: \_\_\_\_\_

Industry Code: \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_

Employer: \_\_\_\_\_

Beginning of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Occupation Code: \_\_\_\_\_ If Code 59, specify: \_\_\_\_\_

Industry Code: \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_

Employer: \_\_\_\_\_

Beginning of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

## PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR

**a. LITIGATION**

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica?..... ☐ Yes ☐ No  
*If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire*
2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:  
Caption: \_\_\_\_\_  
Case Number: \_\_\_\_\_ File Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Court Name: \_\_\_\_\_
3. Was Grace a defendant in the lawsuit? ..... ☐ Yes ☐ No
4. Was the lawsuit dismissed against any defendant? ..... ☐ Yes ☐ No  
*If yes, please provide the basis for dismissal of the lawsuit against each defendant:*  
\_\_\_\_\_  
\_\_\_\_\_
5. Has a judgment or verdict been entered?..... ☐ Yes ☐ No  
*If yes, please indicate verdict amount for each defendant(s):* \_\_\_\_\_
6. Was a settlement agreement reached in this lawsuit? ..... ☐ Yes ☐ No  
*If yes and the settlement was reached on or after April 2, 2001, please indicate the following:*
  - a. Settlement amount for each defendant: \_\_\_\_\_
  - b. Applicable defendants: \_\_\_\_\_
  - c. Disease or condition alleged: \_\_\_\_\_
  - d. Disease or condition settled (if different than disease or condition alleged): \_\_\_\_\_
7. Were you deposed in this lawsuit? ..... ☐ Yes ☐ No  
*If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire*

**b. CLAIMS**

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? ..... ☐ Yes ☐ No  
*If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.*
2. Date the claim was submitted:..... \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Person or entity against whom the claim was submitted: \_\_\_\_\_
4. Description of claim: \_\_\_\_\_
5. Was claim settled? ..... ☐ Yes ☐ No
6. Please indicate settlement amount: ..... \$ \_\_\_\_\_
7. Was the claim dismissed or otherwise disallowed or not honored? ..... ☐ Yes ☐ No  
*If yes, provide the basis for dismissal of the claim:* \_\_\_\_\_

**PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS**Name of Dependent or Related Person: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Financially Dependent: \_\_\_\_\_ ☐ Yes ☐ NoRelationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify \_\_\_\_\_Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Daytime Telephone number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PART IX: SUPPORTING DOCUMENTATION**

Please use the checklists below to indicate which documents you are submitting with this form.

**Copies:**

- ☐ Medical records and/or report containing a diagnosis  
☐ Lung function test results  
☐ Lung function test interpretations  
☐ Pathology reports  
☐ Supporting documentation of exposure to Grace asbestos-containing products  
☐ Supporting documentation of other asbestos exposure

- ☐ X-rays  
☐ X-ray reports/interpretations  
☐ CT scans  
☐ CT scan reports/interpretations  
☐ Depositions from lawsuits indicated in Part VII of this Questionnaire  
☐ Death Certification

**Originals:**

- ☐ Medical records and/or report containing a diagnosis  
☐ Lung function test results  
☐ Lung function test interpretations  
☐ Pathology reports  
☐ Supporting documentation of exposure to Grace asbestos-containing products

- ☐ Supporting documentation of other asbestos exposure  
☐ X-rays  
☐ X-ray reports/interpretations  
☐ CT scans  
☐ CT scan reports/interpretations  
☐ Death Certification

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

**PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE**

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.  
**TO BE COMPLETED BY THE INJURED PERSON.**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Print Name: \_\_\_\_\_

**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Print Name: \_\_\_\_\_

REDACTED



### Introduction

The Federal Rules provide that, where the answer to an interrogatory may be derived or ascertained from the records of the party upon whom the interrogatory has been served or from an examination, audit, or inspection of such records, including a compilation, abstract, or summary thereof, and the burden of deriving or ascertaining the answer is substantially the same for the party serving the interrogatory as for the party served, it is a sufficient answer to such interrogatory to specify the records from which the answer may be derived or ascertained and to afford to the party serving the interrogatory reasonable opportunity to examine, audit, or inspect such records and to make copies, compilations, abstracts, or summaries. Fed. R. Civ. P. 33(d). Accordingly, Claimant hereby attaches, if available or applicable, the following types of documents in the possession, custody, or control of the Claimant and/or Provost ★ Umphrey Law Firm:

- (1) Interrogatory responses from state or federal court asbestos-related lawsuits;
- (2) Medical reports including, but not limited to, b-reads, linking reports, pathology reports, pulmonary function tests, and other expert reports identifying or diagnosing an asbestos-related disease;
- (3) Social Security employment records, annotated with specific worksites where applicable and as included;
- (4) Death certificate;
- (5) Claimant deposition;
- (6) Settlement report identifying those entities or parties from whom the Claimant has received funded settlements;

### PART I. IDENTITY OF INJURED PERSON AND LEGAL COUNSEL

**A1. Name of Claimant:** See above.

**A2. Gender:** To the extent provided, please refer to interrogatory responses, medical reports, specifically pulmonary function tests, death certificate, and/or Claimant deposition.

**A3. Race:** To the extent provided, please refer to interrogatory responses, medical reports, specifically pulmonary function tests, death certificate, and/or Claimant deposition.

**A4. Last Four Digits of Social Security Number:** See above.

**A5. Birth Date:** To the extent provided, please refer to interrogatory responses, and medical reports.

**A6. Mailing Address:** To the extent provided, please refer to interrogatory responses.

**A7. Daytime Telephone Number:** To the extent provided, please refer to interrogatory responses.

**B1. Name of Lawyer(s):** Bryan O. Blevins, Jr., Aaryn K. Giblin, and Colin D. Moore

REDACTED



**B2. Name of Law Firm with which Lawyer is Affiliated:** Provost ★ Umphrey Law Firm, L.L.P.

**B3. Mailing Address of Firm:** P.O. Box 4905; Beaumont, Texas 77704

**B4. Law Firm's Telephone Number:** (409) 835-6000

**B4.5 Correspondence:** Send all correspondence to law firm.

**C1. Living or Deceased:** To the extent provided, please refer to death certificate, and answers to interrogatories.

**C1.A. Date of Death:** To the extent provided, please refer to death certificate, medical records and answers to interrogatories.

**C2. Death Certificate Information:** To the extent provided, please refer to death certificate and medical records.

**PART II. ASBESTOS-RELATED CONDITION**

**1. Asbestos-Related Condition:** For Claimant's asbestos-related condition and, to the extent provided, please refer to Claimant's answers to interrogatories, medical reports, and/or death certificate.

**1.a. Mesothelioma:** Please refer to Claimant's response in Part II, No. 1.

**1.b. Asbestos-Related Lung Cancer:** Please refer to Claimant's response in Part II, No. 1.

**1.c. Other Cancer:** Please refer to Claimant's response in Part II, No. 1.

**1.d. Clinically Severe Asbestosis:** Please refer to Claimant's response in Part II, No. 1.

**1.e. Asbestosis:** Please refer to Claimant's response in Part II, No. 1.

**1.f. Other Asbestos Disease:** Please refer to Claimant's response in Part II, No. 1.

**2. Information Regarding Diagnosis:** For information relating to the diagnosing physician or b-reader, please refer to Claimant's medical report(s) or deposition to the extent provided. For additional information about the diagnosing physician or b-reader, please refer to Claimant's interrogatory responses to the extent provided. For information specifically related to the diagnosing physician or b-reader's credentials, Claimant waives any procedural block and grants the debtor the right to contact these identified diagnosing physicians or b-readers. Additional information as to the diagnosing physician or b-reader may be found by writing the American Medical Association or by visiting its website at <http://www.ama-assn.org>. Further, many states maintain databases on physicians licensed to practice within their jurisdiction.

In most instances, the diagnosing physician or b-reader was not the Claimant's personal physician and was not paid directly by the Claimant at the time services were rendered.

REDACTED



For information regarding whether or not physician performed a physical please see medical reports where provided.

In most instances, the diagnosing physician inquired about the Claimant's smoking history. For a detailed description of Claimant's smoking history, please refer to Claimant's interrogatory responses, medical reports, deposition, or death certificate.

Except as noted in Claimant's medical report, interrogatory responses, or death certificate, Claimant has not been diagnosed with chronic obstructive pulmonary disease.

3. **Information Regarding Chest X-Ray:** For information relating to the chest x-ray, please refer to Claimant's medical report(s) or deposition to the extent provided.

4. **Information Regarding Chest X-Ray Reading:** For information relating to the chest x-ray or the b-reader who read the x-ray, please refer to Claimant's medical report(s) or deposition to the extent provided. Further information about the b-reader who read the chest x-ray may be found by writing NIOSH / CDC or by visiting its website at <http://www.cdc.gov/niosh/topics/chestradiography/breader-list.html>. In most instances, the b-reader was not paid directly by the Claimant at the time services were rendered.

5. **Information Regarding Pulmonary Function Test:** To the extent performed and reported refer to Claimant's Pulmonary Function Test for information relating to date of the test, height and weight at time of the test, percentage of total lung capacity, forced vital capacity and FEV1/FVC Ratio. For information relating to the physician or technician, please refer to Claimant's medical report(s), specifically, where provided, pulmonary function test reports or deposition to the extent provided. For additional information about the physician or technician, please refer to Claimant's interrogatory responses to the extent provided. For information specifically related to the physician's or technician's credentials, Claimant waives any procedural block and grants the debtor the right to contact these identified physicians or technicians. Additional information as to the physician or technician may be found by writing the American Medical Association or by visiting its website at <http://www.ama-assn.org>. Further, many states maintain databases on physicians licensed to practice within their jurisdiction. The American Board of Internal Medicine maintains records on its physicians and its website can be found at <http://www.abim.org>.

In most instances, the physician or technician was not the Claimant's personal physician and was not paid directly by the Claimant at the time services were rendered.

6. **Information Regarding Pathology Reports:** To the extent performed and reported, see claimants medical reports specifically pathology reports where applicable for information regarding the date of findings of the report. For information relating to the physician issuing the report, please refer to Claimant's medical report(s), specifically pathology reports where applicable, or deposition to the extent provided. For additional information about the physician, please refer to Claimant's interrogatory responses to the extent provided. For information specifically related to the physician's credentials, Claimant waives any procedural block and grants the debtor the right to contact these identified physicians. Additional information as to the physician may be found by writing the American Medical Association or by visiting its website at <http://www.ama-assn.org>. Further, many states maintain databases on physicians licensed to

REDACTED



practice within their jurisdiction. The American Board of Pathology maintains records on its physicians and its website can be found at <http://www.abpath.org>.

In most instances, the physician was not the Claimant's personal physician and was not paid directly by the Claimant at the time services were rendered.

**7. Medical Treatment:** To the extent performed and reported, for information relating to the physician, please refer to Claimant's medical report(s) or deposition to the extent provided. For additional information about the physician, please refer to Claimant's interrogatory responses to the extent provided.

### **PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

**1. Work History:** The debtor and premises' owners where Claimant worked possess much, if not all, of the information sought in this request. Until such time that the debtor and premises' owners disclose the specific products and equipment, including but not limited to Heavy Equipment, pumps, vessels, boilers, turbines, furnaces, tractors, engines, mobile or affixed equipment containing or utilizing asbestos or asbestos-containing products or component parts used in or near the areas where the Claimant worked, as identified in Claimant's responses to interrogatories and/or deposition, the Claimant cannot fully articulate as to the extent of exposure to debtor's asbestos or asbestos-containing products. To the extent provided, Claimant identifies those asbestos-containing products, including the debtor's asbestos-containing products which he/she worked with or around during his/her working career.

For a specific description of Claimant's job duties, please refer to Claimant's Social Security Employment Records, interrogatory responses and/or deposition to the extent provided. With the records provided, Debtor can reconcile which sites they sold products to before and during the time periods that claimant worked. Debtor, to the extent required, may match up Claimant's job titles to its occupation and industry codes should it require this information.

For information regarding union affiliation, please see Claimant's interrogatory responses where provided.

### **PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

**1. Secondary Exposure:** In most instances, Claimant is not claiming secondary exposure. To the extent secondary exposure is alleged, for information relating to the primary exposure individual(s), identification of products, nature of exposure, or lawsuit(s) filed, please refer to Claimants interrogatory responses, deposition, or medical reports to the extent provided.

**2. Information Regarding Secondary Exposure:** Please refer to Claimant's response in Part IV, No. 1.

**3. Relationship:** Please refer to Claimant's response in Part IV, No. 1.

**4. Nature of Exposure:** Please refer to Claimant's response in Part IV, No. 1.

**5. Products:** Please refer to Claimant's response in Part IV, No. 1.

**6. Identification:** Please refer to Claimant's response in Part IV, No. 1.

REDACTED



7. **Lawsuit:** Please refer to Claimant's response in Part IV, No. 1.
8. **Nature of Exposure:** Please refer to Claimant's response in Part IV, No. 1.
9. **Dates of Exposure:** Please refer to Claimant's response in Part IV, No. 1.
10. **Identification:** Please refer to Claimant's response in Part IV, No. 1.

**PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS**

1. **Work History:** For a list of Defendants against whom claimant filed a lawsuit, please see Plaintiff Petition which was served on Grace at the time suit was filed. The non-debtor asbestos companies and premises' owners where Claimant worked possess much, if not all, of the information sought in this request. Until such time that the non-debtor asbestos companies and premises' owners disclose the specific products and equipment, including but not limited to heavy equipment, pumps, vessels, boilers, turbines, furnaces, tractors, engines, mobile or affixed equipment containing or utilizing asbestos or asbestos-containing products or component parts used in or near the areas where the Claimant worked, as identified in Claimant's responses to interrogatories and/or deposition, the Claimant cannot fully articulate as to the extent of exposure to non-debtor asbestos companies' asbestos or asbestos-containing products. To the extent provided, Claimant identifies those asbestos-containing products, including the debtor's asbestos-containing products which he/she worked with or around during his/her working career.

For a specific description of Claimant's job duties, please refer to Claimant's Social Security Employment Records, interrogatory responses and/or deposition to the extent provided. Debtor, to the extent required, may match up Claimant's job titles to its occupation and industry codes should it require this information.

Claimant filed suit against various asbestos defendants for asbestos-related injuries in the lawsuits identified in Part VII.

**PART VI: EMPLOYMENT HISTORY**

1. **Work History:** To the extent provided, please refer to Claimant's Social Security Employment Records, interrogatory responses, medical reports, death certificate, and/or Claimant deposition for years of employment, Employer identity and location. Debtor, to the extent required, may match up Claimant's job titles to its occupation and industry codes should it require this information.

**PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA**

**A. LITIGATION**

- A.1. **Plaintiff in Lawsuit:** Yes
- A.2. **Case Information:** Please refer to claimant's responses to interrogatories for information regarding the Caption, Case number and court name. This lawsuit was filed in DISTRICT COURT OF JEFFERSON COUNTY, TEXAS on 01/06/1995, Cause Number B-150,374.

REDACTED



**A.3. Grace as a Defendant:** To the extent named and served and to the extent debtor answered the lawsuit or made an appearance, yes. Assuming the foregoing, Debtor is in possession of this information and may verify through its own records.

**A.4. Was the Lawsuit Dismissed Against Any Defendant:** Claimant objects on the basis that the decisions reached in determining which defendants are dismissed in a claim is privileged under both the work product and attorney client privilege, subject to and without waiving those objections, claimant answers as follows. Yes. To the extent Debtor needs to know why a specific defendant was dismissed from a specific lawsuit it need look no further than its own history in asbestos litigation while it was a solvent defendant. Some defendants are dismissed for lack of jurisdiction; some defendants are dismissed because of insolvency and bankruptcy. Still others are dismissed after an equitable settlement is reached or because the defendant's defense to the claims is valid and cannot be overcome based upon the specific facts of the case. Notwithstanding, Claimant attaches a printout of those asbestos defendants in which a settlement was reached and funded.

**A.5. Has a judgment or verdict been entered:** Claimant is unaware if a judgment or verdict has been entered.

**A.6. Was a settlement agreement reached in this lawsuit:** Yes. To Claimant's knowledge, settlements are protected by a duly executed confidentiality agreement. Claimant cannot and will not violate any confidentiality agreements. To further debtor understanding of Claimant's settlement, please refer to the attached settlement report.

**A.7. Deposition:** To the extent the deposition is attached, yes, Claimant was deposed. If in the event that a deposition is not attached, Claimant was not deposed.

#### **B. CLAIMS**

**B.1. Claims against asbestos trusts:** To the extent identified in Claimant's settlement report, Claimant has made claims against an asbestos trust.

**B.2. Date of Claim:** Please refer to the information contained in Claimant's settlement report.

**B.3. Entity:** Please refer to the information contained in Claimant's settlement report.

**B.4. Description of Claim:** Claim was for asbestos-related injuries.

**B.5. Settled:** Yes, to the extent identified in Claimant's settlement report.

**B.6. Settlement Amount:** Please refer to the information contained in Claimant's settlement report. To Claimant's knowledge, settlements are protected by a duly executed confidentiality agreement. Claimant cannot and will not violate any confidentiality agreements.

REDACTED



**B.7. Claim Allowed:** To the extent identified in Claimant's settlement report, the claim was allowed and funded.

**PART VIII: CLAIMS BY DEFENDANTS OR RELATED PERSONS**

To the extent the Claimant is deceased as evidenced by the attached death certificate the following person(s) maintains Claimant's claim:

Representative:

REDACTED

Representative's relationship to Claimant:

Representative's legal capacity:

PERSONAL REPRESENTATIVE

Representative's social security number:

Representative's mailing address:

REDACTED

**PART IX: SUPPORTING DOCUMENTATION**

Please see attached documents.

**PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE**

**1. Claimant Verification:** The Claimant specific information requested in the *W.R. Grace Asbestos Personal Injury Questionnaire* that is within the knowledge of the Claimant is also contained in Claimant's interrogatory responses. Claimant's verification attests that the information contained therein was true and correct and, as such, that endeavor need not be duplicated here.

**2. Attorney Verification:** To the best of my knowledge, the information contained in Claimant's response to the *W.R. Grace Asbestos Personal Injury Questionnaire* is true and accurate.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

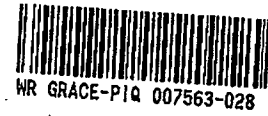
Printed Name:

Bryan O. Blevins, Jr.

Aaryn K. Giblin

Colin D. Moore

REDACTED



## WORK HISTORY INFORMATION

**W. R. GRACE**

CLIENT NAME	SSN
REDACTED	REDACTED

Employer	Occupation	From	To
REPUBLIC STEEL-BHAM,AL	LABOR-OPER	1934	1974

BAL



SSN	Last Name	First Name	MI	Suffix	Defendant	Settlement Amount
REDACTED					3M	\$400.00
					Abex	\$275.00
					Asarco	\$250.00
					Bab & Wil	\$4,000.00
					Celotex	\$1,000.00
					Comb Eng	\$6,000.00
					Crown Cork	\$1,200.00
					CSR	\$250.00
					Dresser Ind	\$100.00
					Eagle Picher	\$2,225.00
REDACTED					G E	\$3,000.00
					Garlock	\$1,400.00
					Harb-Walke	\$1,000.00
					Manville	\$2,500.00
					Mobil Oil	\$400.00
REDACTED					Westinghou	\$1,350.00
						\$25,350.00

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW



WR GRACE-PIQ 007563-030

This is a true and exact copy of the record on file with the Jefferson County Health Department.

*Felix E. Huntley* Jan. 16, 1996  
 Signature of Local or Deputy Registrar Date of Issue

008595

ALABAMA

95-038421

## CERTIFICATE OF DEATH

101

County File Number		State File Number	
1. DECEASED—NAME First Middle Last (Type last name all characters)		2. DATE OF DEATH (Month, Day, Year)	
December 10, 1995		3. COUNTY OF DEATH	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE		5. INSIDE CITY LIMITS (Specify Yes or No)	
Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION (If not in either, give street and number)	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DON)		8. OF HISPANIC ORIGIN (Specify Yes or No. If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)	
No		9. RACE—(Specify American Indian, Black, White, etc.)	
White		10. SEX—	
Male		11. AGE	
85 YRS.		12. UNDER 1 YEAR UNDER 1 DAY	
13. DATE OF BIRTH (Month, Day, Year)		14. DECEASED'S SOCIAL SECURITY NUMBER	
15. EDUCATION (Specify ONLY highest grade completed below: Elementary or High School (9-12) College (13 or 14 or 15))		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	
Married		17. SURVIVING SPOUSE (If wife, give maiden name)	
18. Was Decedent ever in Armed Forces (Specify Yes or No)		Yes	
19. STATE OF BIRTH (If not in USA, name country)		20. RESIDENCE—STATE	
21. COUNTY		22. CITY, TOWN, OR LOCATION AND ZIP CODE	
23. INSIDE CITY LIMITS (Specify Yes or No)		24. STREET AND NUMBER	
Yes		25. INFORMANT—Name and Address	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		27. KIND OF BUSINESS OR INDUSTRY	
Steel Worker		Republic Steel	
28. FATHER—NAME First Middle Last		29. MOTHER—NAME First Middle Last	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Funeral Disposal, Other)		31. DATE OF DISPOSITION (Month, Day, Year)	
Burial		Dec. 12, 1995	
32. CEMETERY OR CREMATORY—Name		33. LOCATION—(City or Town—State)	
Forest Hill		Birmingham, Alabama	
34. FUNERAL HOME—Name and Address		35. FUNERAL DIRECTOR—Signature	
Ridouts Gardendale Chapel		June C. Williams	
2229 Decatur hwy Gardendale, AL 35071		36. DATE SIGNED BY FUNERAL DIRECTOR	
Dec 11, 1995		37. X Certifying Physician (Physician certifying cause of death. To the best of my knowledge death occurred at the time and date, and due to the causes) and manner stated. On the basis of examination and/or investigation, it is my opinion, death occurred at the time, date, place, and due to the causes and manner stated.)	
38. DATE SIGNED (Month, Day, Year)		December 22, 1995	
39. TIME AND DATE OF DEATH		40. DATE AND TIME PROHOUNCED DEAD (If Coroner/J.A.E. use only)	
2:55 AM—Dec. 10, 1995		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40)	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40)		43. CERTIFIER LICENSE NUMBER	
840 Montclair Road—Suite 321 - Birmingham, AL 35213		AL 14090	
44. REGISTRAR—Signature		45. DATE FILED (Month, Day, Year)	
Rebecca M. White		December 27, 1995	

## MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or conditions that caused the death. Do not enter the mode of dying, e.g., homicide or respiratory arrest, shock, or heart failure. LAST ONLY ONE CAUSE ON EACH LINE.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → 1. Metastatic carcinoma of unknown primary		2 - 3 months	
2. DUE TO (OR AS A CONSEQUENCE OF):			
3. DUE TO (OR AS A CONSEQUENCE OF):			
4. DUE TO (OR AS A CONSEQUENCE OF):			
5. DUE TO (OR AS A CONSEQUENCE OF):			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause (Item 1 or 2).		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)	
Parkinson's disease; malnutrition; chronic bronchitis; anemia; dementia			
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		50. AUTOPSY (Specify Yes or No)	
Natural Cause		No	
51. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		52. DATE OF INJURY (Month, Day, Year)	
53. INJURY AT WORK (Specify Yes or No)		54. HOUR OF INJURY	
55. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)		57. LOCATION OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	

REDACTED

REDACTED



LETTERS TESTAMENTARY

PROBATE - 60

IN THE MATTER OF THE ESTATE OF

IN THE PROBATE COURT OF  
JEFFERSON COUNTY, ALABAMA

REDACTED

CASE NO. 155925

Deceased

## LETTERS TESTAMENTARY

TO ALL WHOM IT MAY CONCERN:

The Will of the above-named deceased having been duly admitted to record in said county, Letters Testamentary are hereby granted to

the Personal Representative named in said will, who has complied with the requisitions of the law and is authorized to administer the estate. Subject to the priorities stated in §43-8-76, Code of Alabama (1975, as amended), the said Personal Representative, acting prudently for the benefit of interested persons, has all the powers authorized in transactions under §43-2-843, Code of Alabama (1975, as amended).

WITNESS my hand that date, June 11, 1996

(SEAL)

GEORGE R. REYNOLDS

Judge of Probate

I, Peggy A. Proctor, Chief Clerk of the Court of Probate of Jefferson County, Alabama, hereby certify that the foregoing is a true, correct and full copy of the Letters Testamentary issued in the above-styled cause as appears of record in said Court. I further certify that said Letters are still in full force and effect.

WITNESS my hand and seal of said Court this date, June 11, 1996

Chief Clerk

JUN 11 1996

REDACTED

**RAY A. HARRON, M.D.**  
 DIPLOMATE AMERICAN BOARD OF RADIOLOGY  
 DIPLOMATE AMERICAN BOARD OF NUCLEAR MEDICINE



P. O. BOX 400  
 BRIDGEPORT, WV 26330

NAME REDACTED

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

UNIT NO.	PHYSICIAN	AGE	PHONE NUMBER	BIRTH DATE	DATE
					12/27/94
RESPONSIBLE PARTY		S.S. #	INSURANCE CO.		POLICY NO.
ADDRESS		STREET-ROUTE-BOX		TOWN-CITY-STATE	ZIP
				CONTRACT OF	
PATIENT HISTORY					
EXAMINATION					

CHEST DATED 11/1/94: There are primary s, secondary t sized opacities involving six lung fields, profusion 1/2. There is plaque on the right half of the diaphragm.

**IMPRESSION:**

1. Consistent with asbestosis and asbestos related disease.

RAH/kc

RAY A. HARRON, M.D.  
 DIPLOMATE OF THE AMERICAN  
 BOARD OF RADIOLOGY



REDACTED

WORKER'S Social Security Number <div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div>		TYPE OF READING <div style="border: 1px solid black; padding: 2px; display: inline-block;">A X P</div>		FACILITY IDENTIFICATION <div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div>	
1A. DATE OF X-RAY <div style="border: 1px solid black; padding: 2px;">JUN 01 1974</div>		1B. FILM QUALITY <div style="border: 1px solid black; padding: 2px;">A 2 3 P/m</div>		1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> <small>Proceed to Section 2</small> NO <input checked="" type="checkbox"/> <small>Proceed to Section 3</small>	
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3					
2B. SMALL OPACITIES <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <div>a. SHAPE/SIZE PRIMARY SECONDARY <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">P Q R U</div><div style="border: 1px solid black; padding: 2px;">S T V W</div></div></div> <div>b. ZONES <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">X Y Z A</div><div style="border: 1px solid black; padding: 2px;">B C D E</div></div><div style="text-align: center;">R L</div></div> <div>c. PROFUSION <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">1/2 1/4 3/4 1/8</div><div style="border: 1px solid black; padding: 2px;">1/2 1/4 3/4 1/8</div><div style="border: 1px solid black; padding: 2px;">1/2 1/4 3/4 1/8</div></div></div> </div>			2C. LARGE OPACITIES <div style="text-align: center; margin-top: 10px;">SIZE <div style="border: 1px solid black; padding: 2px;">A B C</div></div> <div style="text-align: right; font-size: 0.8em;">PROCEED TO SECTION 3</div>		
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4					
3B. PLEURAL THICKENING <div style="margin-top: 5px;">a. DIAPHRAGM (plaque) SITE <div style="border: 1px solid black; padding: 2px;">D A L</div></div> <div style="margin-top: 5px;">b. COSTOPHRENIC ANGLE SITE <div style="border: 1px solid black; padding: 2px;">R L</div></div>		3C. PLEURAL THICKENING... Chest Wall <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. CIRCUMSCRIBED (plaque) SITE <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">R</div><div style="border: 1px solid black; padding: 2px;">L</div></div><div style="margin-top: 5px;">IN PROFILE I. WIDTH <div style="border: 1px solid black; padding: 2px;">0 A B C</div> II. EXTENT <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div></div><div style="margin-top: 5px;">FACE ON III. EXTENT <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div></div> </div> <div style="width: 45%;"> b. DIFFUSE SITE <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">R</div><div style="border: 1px solid black; padding: 2px;">L</div></div><div style="margin-top: 5px;">IN PROFILE I. WIDTH <div style="border: 1px solid black; padding: 2px;">0 A B C</div> II. EXTENT <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div></div><div style="margin-top: 5px;">FACE ON III. EXTENT <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div></div> </div> </div>			
3D. PLEURAL CALCIFICATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SITE <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">R</div><div style="border: 1px solid black; padding: 2px;">L</div></div><div style="margin-top: 5px;">a. DIAPHRAGM <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div> b. WALL <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div> c. OTHER SITES <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div></div> </div> <div style="width: 45%;"> SITE <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">R</div><div style="border: 1px solid black; padding: 2px;">L</div></div><div style="margin-top: 5px;">a. DIAPHRAGM <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div> b. WALL <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div> c. OTHER SITES <div style="border: 1px solid black; padding: 2px;">0 1 2 3</div></div> </div> </div> <div style="text-align: right; font-size: 0.8em;">PROCEED TO SECTION 4</div>					
4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> COMPLETE 4B and 4C NO <input checked="" type="checkbox"/> PROCEED TO SECTION 5					
4B. OTHER SYMBOLS (OBLIGATORY) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; font-size: 0.8em;"> <span>O ax bu ca cn co cp cv di ef em es fr hi ho id ih kl pl px ip tb</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Report items which may be of present clinical significance in this section. <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">00</div> (SPECIFY od)</div> <div>Date Referral Physician notified? <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; font-size: 0.7em;"> <span>MONTH DAY YR</span> </div></div> </div>					
4C. OTHER COMMENTS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. <div style="display: flex; justify-content: flex-end;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">YES</div><div style="border: 1px solid black; padding: 2px;">NO</div></div> PROCEED TO SECTION 5					

B. FILM READER'S INITIALS

RAH

PHYSICIAN'S SOCIAL SECURITY NUMBER\*

055261294

DATE OF READING

JUN 27 1974

NAME (LAST-FIRST-MIDDLE)

Ray A. Harron, M.D.  
P.O. Box 400, Bridgeport, WV

STATE

ZIP CODE  
26330Complete if  
social security  
number is not  
furnished:\*Furnishing your social security number is voluntary. Your refusal to provide this number  
will not affect your right to participate in this program.



**LARRY M. MITCHELL, M.D.**

INTERNAL MEDICINE

BUFORD PLAZA, SUITE 1  
3055 McFARLAND BOULEVARD  
NORTH PORT, AL 35476

TELEPHONE (205)-339-9533

DATE: November 1, 1994

NAME:

ADDRESS:

**REDACTED**

SSN:

DOB:

DATE OF EXPOSURE: 1934 to 1974 at Republic Steel in Birmingham, AL

CHIEF COMPLAINT: Dyspnea.

PRESENT ILLNESS: The patient relates a progressive onset of dyspnea over the past few years to a class 3\* limitation. (Dyspnea while walking on level ground with person of the same age or walking up one flight of stairs. Patient can walk a mile at own pace without dyspnea, but cannot keep pace on level ground with others of same age and body build.) This is associated with a cough. He denies night sweats or chest pain. He had pneumonia on one occasion. He quit smoking 30 years ago.

OCCUPATIONAL EXPOSURE HISTORY: The man worked as a laborer and machine operator at Republic Steel from 1934 to 1974. During his employment, he had occasion to be exposed to asbestos materials.

PAST HISTORY: No history of hypertension, diabetes, tuberculosis or cancer. He has had no significant operations. He is on no medications. He denies allergies.

FAMILY HISTORY: Unknown.

SOCIAL HISTORY: He is married. He has 3 children. He does not smoke or drink alcoholic beverages.

REVIEW OF SYSTEMS: There is no history of connective tissue disease, cancer chemotherapy, pulmonary toxic drugs or lung irradiation.

REDACTED



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Page Two

PHYSICAL EXAMINATION:

GENERAL: He is a well developed well nourished caucasian man in no distress.  
He is 70" tall and weighs 145 lbs.

VITAL SIGNS: Blood Pressure - 134/70  
Pulse - 80  
Respiration -

HEAD: Normocephalis.

NECK: Supple without masses.

CHEST: He has a normal excursion. Vocal fremitus is equal bilaterally. Percussion note is within normal limits. On auscultation there are cracks and rales heard at both bases posteriorly.

EXTREMITIES: No clubbing or cyanosis.

SKIN, NAILS & HAIR: Within normal limits.

PULMONARY FUNCTION TESTS: Pulmonary function test done on 11/01/94 reveals a forced vital capacity of 80% of predicted. Total lung capacity is reduced to 86% of predicted. The DLCO is calculated at 37% of predicted. These parameters being indicative of restrictive lung disease.

IMPRESSION: Pulmonary asbestosis.

DISCUSSION: The diagnosis "Pulmonary asbestosis" means that this individual is suffering from an abnormality of the parenchymal lung tissue consistent with interstitial fibrosis as a result of exposure to asbestos products.

REDACTED

Page Three



- RECOMMENDATIONS:
1. Chest x-ray every six months.
  2. Follow-up by local physician.

*Larry Mitchell MD*

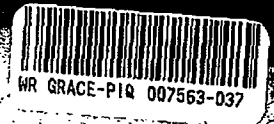
---

Larry M. Mitchell, M.D.

\*References

- 1) Guides to the Evaluation of Permanent Impairment, ed. 2. Chicago, American Medical Association, 1984, by permission.

INTERROGATORIES TO BE ANSWERED.....



INTERROGATORIES TO BE ANSWERED

1. Please state:

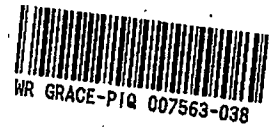
- a. Your full name and all other names by which you have been known (including nicknames);
- b. Your date and place of birth;
- c. Present home address and telephone number;
- d. Please list in chronological order the resident addresses where you have resided since your eighteenth birthday and state the inclusive dates of your residence and each location;
- e. Occupation and business address;
- f. Social security number;
- g. The license number and issuing authority of each automobile operator, chauffeur, or commercial license which you presently possess or which you possessed in the past; and with respect to each license please state (i) the date of issuance and (ii) date of expiration; and please state your automobile license number.

ANSWER TO QUESTION 1:

- a.
- b.
- c.
- d.
- e.
- f.
- g.

REDACTED

REDACTED



STATE OF Alabama  
COUNTY OF Jefferson

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, the plaintiff, known to me to be the person whose name is subscribed below, and upon oath stated to me that he/she has read the foregoing Plaintiff's Answers to Interrogatories and the statements therein are true and correct to the best of his/her knowledge.

PLAINTIFF

SUBSCRIBED AND SWORN TO BEFORE ME THIS 25th day of

July, 1995.

June K. Sawyer  
Notary Public in and for the  
State of Alabama

My Commission Expires:

MY COMMISSION EXPIRES JANUARY 24, 1997



Interrogatories for **REDACTED** (continued)

**ANSWERS:**

No

15. Please state the name and address of each person who participated in the preparation of these answers to interrogatories or who furnished any information used in the preparation of these answers to interrogatories.

**ANSWERS:**

16. Please describe in detail your and the decedent's employment history. Please include:
- Identification of each employer;
  - The dates of each such employment;
  - Identification of immediate supervisor and co-workers in each employment;
  - The wage rate, hours worked, and average weekly earnings;
  - Identification of your job duties, craft and titles for each employment;
  - Identification of the reason each employment was terminated;

- g. Identify whether Plaintiff or decedent was exposed to asbestos in each employment; and if so, identify the asbestos product to which you or the decedent was exposed, including identity of the manufacturer, trade name and identify and describe the particular product in each employment; and state in detail when, where and how you or the decedent was exposed to each product.

**ANSWERS:**

**ANSWERS:**

1. a. U.S. Army

- b. 1942-1945

REDACTED



Interrogatories for

(continued)

2. a. Republic Steel, Birmingham, AL
- b. 1934-1974
- c. Robert Simpson
- d. Salary unknown; 40 hrs. p/wk.
- e. Laborer, operator
- f. Retired
- g. Plaintiff
- h. See list

Objection to the extent this interrogatory is overly broad. Plaintiff maintains exposure to asbestos containing materials made or supplied by the Defendants at all sites unless otherwise indicated. Please reference master witness list for corroborating information on product I.D.

17. Identify by giving names, business addresses and home addresses, relationships to you (e.g., relative, friend, co-worker, supervisor, etc.), and present occupation of each and every witness that Plaintiff intends to use upon the trial of this case to testify that you at any time used or were exposed to any product containing asbestos manufactured or sold by any and all Defendants. In answering this interrogatory, please state the job about which each witness will testify and state the name and address of your employer at such time, and the date and duration of each exposure, and identify by name and description the product about which the witness will testify.

ANSWERS:

Objection. This interrogatory is overly broad. See attached master list of co-workers, insulators and/or purchasing agents who may provide additional product I.D. as well as information contained on documents identified in master exhibit list.

18. Do you have any direct evidence of invoices from suppliers for any purchases from any or all of the Defendants? If so, identify the document by date and the name of purchaser, and place of delivery. Will you produce the documents for copying?

ANSWERS:

Yes. See documents identified in master exhibit list.

REDACTED



**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

IN RE:

Chapter 11

W.R. GRACE & CO., *et al.*,

Case No. 01-01139 (JKF)

Debtors.

Jointly Administered

REDACTED

GENERAL OBJECTIONS TO CLAIMANT DISCOVERY QUESTIONNAIRE

REDACTED

PERSONAL REPRESENTATIVE OF

("Claimant")

hereby makes the following general objections to the W.R. Grace Asbestos Personal Injury Questionnaire (the "Discovery Questionnaire"):

1. Pursuant to Federal Rule of Civil Procedure 26(b)(4)(B), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of facts known or opinions held by any expert who has been retained or specially employed in anticipation of litigation or preparation for trial and who is not expected to be called as a witness at trial. Without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of Fed. R. Civ. P. 26(b)(4)(B):

- (a) Claimant objects to Section C of the Instructions to the extent that it requests the completion of Part II of the Discovery Questionnaire "if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors."
- (b) Claimant objects to Section C of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."
- (c) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all x-ray readings and reports."
- (d) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all pulmonary function test results, including the raw data and all spirometric tracings, on which the results are based."
- (e) Claimant objects to Section J of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."
- (f) Claimant objects to Part II of the Discovery Questionnaire to the extent that it requests disclosure of "diagnoses and diagnostic tests" by "multiple doctors" concerning "previous or subsequent diagnoses or diagnostic tests that change or conflict with the original diagnoses." Claimant urges this objection with regard to all "conditions" for which disclosure is requested.

2. Claimant further objects to the Discovery Questionnaire to the extent that it seeks disclosure of any privileged communication between Claimant, and/or a representative of Claimant, and any attorney for Claimant, and/or a representative of any attorney for Claimant. In addition, pursuant to Federal Rule of Civil Procedure 26(b)(3), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of the work product of any attorney for Claimant, including but not limited to the mental impressions, conclusions, opinions or legal theories of any attorney or other representative of Claimant. Specifically, and without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of the attorney-client communication and/or attorney work product privileges:

- (a) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant "retained counsel in order to receive any of the services performed by the diagnosing doctor."
- (b) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if "the diagnosing doctor was referred to you by counsel."

REDACTED



- (c) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant is "aware of any relationship between the diagnosing doctor and your legal counsel" unless Claimant's knowledge was obtained other than through communication with Claimant's legal counsel and/or his/her representative.
  - (d) These objections are urged with regard to each instance that the above questions are asked in sections 2, 3, 4, 5, 6 and 7 of Part II of the Discovery Questionnaire.
3. Claimant further objects to Part VII the Discovery Questionnaire to the extent that it seeks disclosure of information relating to litigation and claims regarding silica as irrelevant to the issues concerning Claimant's asbestos claim against W.R. Grace & Co. and/or its affiliated debtors.
4. Claimant further objects to Section a.6 of Part VII of the Discovery Questionnaire to the extent that it seeks disclosure of settlements reached with other defendants that are subject to binding confidentiality agreements.
5. These general objections are made in addition to, and without waiver of, any specific objections contained within the responses to the Discovery Questionnaire itself. This covering sheet is intended to be, and is hereby, incorporated into the Discovery Questionnaire as if repeated therein verbatim in full.
6. By submitting this response to the Discovery Questionnaire, Claimant does not intend to, and hereby does not, submit to the jurisdiction of the United States District Court for the District of Delaware, to the United States Bankruptcy Court for the District of Delaware, or to any other court. Claimant reserves (i) all objections to jurisdiction and/or venue, (ii) all protections afforded under Federal Rule of Civil Procedure 45 and Federal Bankruptcy Rule of Procedure 9016, and (iii) the right to jury trial afforded under 28 U.S.C. § 157(b)(5). Respectfully submitted,

PROVOST ★ UMPHREY

Law Firm, L. L. P.



COLIN D. MOORE  
ATTORNEY AT LAW

490 PARK STREET • P. O. BOX 4905 • BEAUMONT, TEXAS 77704  
409-835-6000 • 1-800-289-0101 • FAX 409-813-8610

April 10, 2006

Rust Consulting, Inc.  
Claims Processing Agent  
201 S. Lyndale Avenue  
P.O. Box 1620  
Faribault, MN 55201

Re: W. R. Grace & Co. Bankruptcy

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Dear Sir or Madam:

Enclosed please find Claimants represented by Provost ★ Umphrey's Objections and Answers to W.R. Grace Asbestos Personal Injury Questionnaire. These questionnaires were responded to on behalf of all claimants for which Grace requested information. Each Questionnaire should be read in concert with the enclosed documentation, and Objections and Answers included for each Claimant. These packets are intended to be considered answers to W.R. Grace Asbestos Personal Injury Questionnaires, and for no other purpose.

Previous to your receipt of this, you should have received a return shipment of Questionnaires that were sent to us, but because of a lack of identifying information, we were not able to identify as being Provost ★ Umphrey Clients. With that shipment, we noted that if the debtor were able to provide more identifying information on these claimants, we would search our records and answer on behalf of any Provost ★ Umphrey clients.

Sincerely,

Colin D. Moore

CDM/mm  
Enclosures

REC'D APR 13 2006



Client Last	Client First	Client MI	Client Title	Ssno
ABERNATHY	ROBERT	L.		427-24-2785
ADAMS	JOHN	A.		463-36-9524
ADAMS	JOHNNIE	T.		458-44-0645
AGEE	LOUIS			418-48-2267
ALBRECHT	WILBERT	G.		463-52-2573
ALLDAY	JACK	C.		426-18-3852
ALLEN	ALVIN	W.		459-36-3838
ALLENDE	ROSE	M.		459-82-1429
ALMARAZ	VINCE	G.		451-08-2318
ANDERSON	CHARLES	W.		453-44-5352
ANDERSON	EDDIE			434-40-7269
ANDERSON	RICHARD	F.		459-03-9862
ANDRES	ALBERT	M.	JR.	438-44-1597
ANTILLEY	JAMES	R.		460-42-8162
ARCOS	RICHARD			449-88-2924
ARPIN	JOSEPH	F.		435-22-1382
ARTHUR	PHILIP	E.		525-09-4643
AVERY	ROBERT	E.		264-20-7162
BAILEY	CHESTER			456-16-8501
BAIRD	HAROLD	S.		702-03-7374
BAIRD	KENNETH	W.		494-18-1038
BALL	BARNEY	J.		439-10-6766
BARBIN	LESTER	L.		460-05-9661
BARKS	CHARLIE		JR.	435-44-5522
BARLOW	SAMUEL			463-24-6413



BARNES	THOMAS	W.		198-24-0902
BARNETT	CLYDE			420-58-2843
BARRETT	DAVID	A.		491-38-7155
BARRON	JACK	E.		467-52-8409
BARROW	JOHN	J.		457-22-6376
BARTLETT	PAUL	N.		454-10-2767
BEARD	FREDDIE	M.		317-28-8646
BEARD	LESTER			420-42-4076
BECK	THOMAS	B.		280-18-2762
BEENE	DONALD	D.		456-46-1969
BELL	JOSEPH	S.		490-32-4335
BENDY	ALLEN			455-40-1635
BENGE	ROY	M.		460-16-8215
BENNETT	WILLIAM	L.		464-18-1523
BERNARD	LYMAN	W.		091-16-6512
BIAZA	ROBERT	L.	SR.	465-42-7473
BILLEAUD	LESTER	W.		453-66-9605
BIRCHFIELD	THEO			246-32-3787
BLACK	LAWRENCE	R.		155-18-6003
BLACKMAN	JIMMY	L.		456-36-5736
BLACKSHER	BUFORD	C.		453-12-2696
BLACKWELL	ROY	E.		431-12-1264
BOBBITT	ROBERT	E.		451-18-9272
BOLINGER	BILLY			513-24-1531
BONDS	LARRY	E.		462-54-4033
BOOKER	WILLIE			449-03-7395



WR GRACE-PIQ 007563-046

BOREL	LOUIS	A.		347-12-8279
BORQUE	TOMMY	M.		455-48-0100
BOURGEOIS	ANTONIO	D.	JR.	461-60-8081
BOUTTE	CORA			450-56-1740
BOYD	HORACE	W.		452-09-6415
BOYKIN	LEVI		JR.	462-52-5935
BOZEK	MICHAEL	T.		185-28-9474
BRACKIN	JOSEPH	L.		455-48-0320
BRADBERRY	SEAMAN	W.		455-28-0614
BREAUX	JOSEPH	A.		455-48-1207
BREITEN	JOHN	H.		464-18-9518
BRIGGS	JAMES	C.		292-38-8035
BRISCOE	ELIJAH	J.		460-20-0283
BROOKS	EMMA	L.		451-36-5685
BROUSSARD	EUGENE			437-68-5085
BROUSSARD	HERBERT	N.		454-42-8915
BROUSSARD	JOSEPH	N.		438-26-0546
BROWN	A.	D.	JR.	457-32-7584
BROWN	LOUIS			439-12-7267
BROWN	MURRIEL	L.		454-70-3713
BROWN	PAUL	S.		718-01-5798
BROWN	ROY	B.		437-03-4231
BROWN	UTAH	C.		451-36-7214
BRYAN	TRACY	T.	SR.	459-09-9593
BUCHHOLZ	WILLIAM	E.		281-10-3342
BUCKALEW	AUBREY	J.		458-32-4649



NR GRACE-PIQ 007563-047

BURCH	BENJAMIN			449-12-5554
BURRILL	TONY			423-30-0127
BURTON	JOHN	H.	SR.	463-24-6501
BUXTON	JULIUS	M.		456-34-5626
BUZZARD	GROVER			446-44-9817
BYRD	JAMES	A.		527-18-3953
CALLAWAY	RAYMOND	A.		456-34-2914
CAMPBELL	LARRY	G.		320-36-4810
CANTU	JOE	M.		455-42-2427
CAPPADONNA	EDNA	B.		456-12-3430
CARDWELL	KENNETH	R.	SR.	524-42-0472
CARMON	HERBERT			464-62-5093
CARTER	JOE	T.		445-07-8499
CARTER	JOHN			719-14-1297
CASSIDY	DALE	L.		364-36-5949
CATO	VIRGINIA			463-32-1874
CELAYA	FRANK	L.		461-80-8892
CENTER	GLEN	T.		524-03-1132
CHANCE	ELMER	L.		455-28-1236
CHANCE	ISIAH	D.		256-44-1991
CHARLES	JUANA			457-56-0407
CHERRY	CARL	C.		458-52-1403
CHRETIEN	ROBERT			458-30-6557
CLARK	TOMMY			421-60-2107
CLICK	ROBERT	C.		455-28-1277
COLEMAN	EDMON	L.		497-07-7953



NR GRACE-PIQ 007563-048

COLLINS	GEORGE	L.		452-26-3043
COLLINS	JOSEPH	D.		458-10-0047
COOK	JOHN	F.		456-12-8162
COOLEY	SIDNEY			456-12-7390
COOLEY	WESLEY	H.		419-44-6911
CORMIER	LLOYD	A.		434-16-6589
CORRELL	TRAVIS	E.		439-28-4868
COUCH	THOMAS	C.		424-07-9016
COUNTS	C.	G.	JR.	458-32-2917
COVERT	HUGH			460-58-3065
COWAN	DARRELL	C.		456-36-1062
COWAN	WILLIAM	H.		490-24-8245
COWART	BILLY	M.		455-44-2019
COWART	JAMES	A.		458-68-3416
COX	AZRO			349-07-7407
CRAVEY	BOB			451-16-3321
CREW	EARL	W.	SR.	453-16-2066
CROSBY	GERALD	W.		421-70-0297
CRUSE	ALTON	T.		449-18-3302
CRUSE	HELEN	B.		455-28-1340
CRUSE	RALPH	A.		464-18-3719
CUCCIO	ANTHONY	A.		438-26-0997
CUCCIO	ANTHONY	A.		438-26-0997
DANIELS	JACK	W.	SR.	463-24-6905
DANIELS	JACK	W.	SR.	463-24-6905
DANIELS	NORMAN	E.		454-10-8603



DARBONNE	ROBERT	V.		438-44-7535
DAVIS	ELTON			456-12-0395
DAVIS	GEORGE	B.		465-70-0651
DAVIS	LEROY	L.		461-20-5085
DAVIS	ROBERT	L.		467-52-9274
DAWSON	DEVAIN			423-64-8115
DEFFIBAUGH	OTTIS			513-09-8824
DELEON	ROSARIO			453-62-0506
DERESE	AARON	L.		459-03-0940
DEROUEN	MELVIN	J.		462-44-0238
DINSMORE	WILLIAM	H.		555-56-8503
DIXON	ARTHUR	C.		454-16-9079
DOBKINS	KENNETH	E.		498-44-8093
DODSON	EDWARD			478-12-1013
DOLCE	MARY	A.		456-34-6443
DORMAN	JAMES	F.		458-30-6659
DRAGULSKI	STANLEY	W.		358-05-4358
DRIESSNER	MARVIN	C.		463-20-2159
DUFFEY	JOSEPH	L.		212-24-7497
DUNLAP	GEORGE	K.		455-28-1963
DUPLANTIS	DENNIS		SR.	436-14-9339
DUPLECHAIN	JAMES	D.		436-52-8317
DURDEN	WILLIE	O.		465-07-4659
EDISON	ROBERT	C.		527-12-3955
EDWARDS	WILLIE	EA		421-09-3008
ELLISON	JAMES	M.		467-52-9396



WR GRACE-PIR 007563-050

ENGLEBERT	FRED			416-32-1060
ERWIN	DALTON	L.		459-28-3598
ESCAMILLA	EVE	E.		461-76-8602
EUBANKS	ROBERT	L.	SR.	416-22-5397
EVANS	CHARLES	E.		435-46-7868
EVANS	CHARLES	F.		235-44-9410
EVANS	JOHN	W.		234-46-5589
FARRIS	ROBERT	E.		452-50-7017
FAULK	MELVIN	J.		454-42-6203
FERGUSON	AUSTIN			453-07-5729
FILIPPINI	JOHN	L.		190-05-9124
FITZGERALD	DAVID	E.		428-46-0528
FLETCHER	CHARLES	R.		463-20-1595
FLETCHER	THOMAS	C.		452-09-3868
FLORES	JOE			451-48-8180
FORD	ROBERTA			460-60-8811
FORMAGUS	JOHN	S.		454-09-9680
FOUNTAIN	BILLY	G.		466-36-3536
FOX	RALPH	B.	JR.	454-30-1975
FRANKLIN	EUGENE			421-20-0410
FRENCH	WALTER	I.		394-09-4073
GADDY	DELBERT	D.		465-32-8810
GANDY	WILLIE	S.		456-12-8646
GANT	LARRY			257-52-5097
GASPARD	RAYMOND	J.		436-60-1146
GATELY	BOYD	C.		431-18-3890



GAUTHIER	ERNEST	P.		434-03-6891
GETER	FLETCHER			449-05-8779
GIBSON	JOHN	A.		434-38-6103
GILCREASE	OLIVER			438-44-6391
GILLILAND	DOUGLAS	A.		416-58-9877
GILLIOZ	MAURICE	E.	SR.	452-34-9929
GLADDEN	JERRY	B.		456-34-1269
GORMAN	ROY	L.		461-16-1652
GRAHAM	CHARLES	H.		423-36-6593
GRAHAM	JOE	M.		461-52-8884
GREEN	JOEL	W.		254-38-7089
GREEN	WILLIAM	M.		464-46-7491
GREGORY	J.	D.		464-18-8991
GROUNDS	CLIFFORD			233-12-5509
GUAJARDO	ALFREDO			459-50-3558
GUILLORY	JOSEPH	R.		454-40-7925
GUILLORY	RIFFORD			463-24-6460
GUILLORY	YORICK	P.		437-30-3042
GUTIERREZ	ROBERT			451-50-4067
HALEY	CAROL	L.	SR.	434-46-0518
HAMMAC	AUSTIN	E.		422-12-4928
HANSON	JERRY	H.		461-52-7642
HARDAGE	HAROLD			425-42-8806
HARNESS	HOMER	D.	JR.	290-48-2904
HARRIS	ERNEST		JR.	458-26-8637
HARRIS	FRANCIS			435-44-1343



WR GRACE-PIQ 007563-052

HARRIS	JOHN	M.		460-42-9020
HARRIS	LONNIE	D.		466-76-9981
HARRIS	WILLIAM	M.		456-12-2924
HARTFORD	EDWIN	C.		454-10-4367
HASKETT	WILLIAM	A.		464-62-5297
HATFIELD	HARROM			423-12-6631
HAYNES	JOHN	O.		513-16-6459
HAYNES	WILLIS	R.		458-30-6610
HEBERT	ADAM		JR.	453-24-6179
HEHL	WARREN	D.		276-22-4462
HENRY	HARRY	A.		454-22-8358
HERRIN	HOBBY	H.		456-12-1029
HERRIN	LAWRENCE	J.	JR.	463-36-1208
HERRIN	LAWRENCE	J.	JR.	463-36-1208
HERRIN	THOMAS	B.		456-12-0980
HICKMAN	JACK	A.		457-52-7675
HICKMAN	SAM	J.		434-68-5174
HIDALGO	RENE	A.		465-07-4698
HILL	ROBERT	L.		459-05-8882
HINES	T.	D.		439-10-9353
HOGAN	TOMMY	J.		457-38-5815
HOLLAND	BILLY			725-07-6558
HOLLIDAY	JOEL	D.	SR.	434-50-5917
HOLLIER	MILDRED	L.		463-20-2034
HOLMES	THOMAS	T.		462-66-5496
HOMESLEY	LAWRENCE	E.		465-09-6830



HORACE	CLARENCE			461-18-0292
HOWARD	EARNEST		SR.	433-28-0283
HOWTON	J.	FR		418-01-8107
HOYT	LAHOMA	M.		457-72-7577
HUBERT	EDGAR			461-20-9852
HUVAL	LEE ROY			438-24-0932
HYATT	VIVIAN	I.		463-20-1721
ISRAEL	ALEX			434-28-2659
JACK	CALVIN		SR.	462-44-0574
JACKSON	GREGORY	PA		421-74-4934
JOHNSON	JAMES	E.		463-32-1511
JOHNSON	MYRLE	K.		524-20-2759
JONES	BERNARD	E.		454-10-8893
JONES	JAMES	P.		432-16-2236
JONES	MILTON			418-44-3829
JOSEPH	WILL	E.	SR.	452-09-8345
KATO	ROBERT			725-07-3867
KEES	CHRISTINE	R.		437-36-8617
KEITH	GEORGE	W.		418-01-4722
KELLETT	GEORGE	E.		352-22-0298
KELLEY	GARLIN		SR.	457-32-8544
KEY	KENNETH	E		448-64-9021
KIDD	JESSE	R.		444-12-6036
KIEL	GROSE		JR.	456-12-7227
KING	JAMES	L.	SR.	455-58-3435
KING	JOHNIE			254-46-9308



KING	MALCOLM	S.		450-28-2022
KITTRELL	THOMAS	E.		422-42-0241
KLEESPIES	GEORGE	T.		458-30-5780
KNAPP	JACK	H.		464-18-8191
KNIGHT	LOSSE	F.		251-22-1149
KOJAK	GEORGE			460-10-4294
KUEHN	WILLIAM	L.		452-60-8241
KULA	AL			288-26-6627
LABOVE	LEROY	J.		436-52-0125
LADAY	ALLEN			458-30-6606
LADNER	SAMUEL	C.		455-40-1099
LAMPLEY	WALTER	H.		299-14-2765
LAND	CHARLES	W.	JR.	460-58-8116
LANDRY	CURLEY		SR.	460-64-2835
LANE	ROY	C.		568-07-7325
LARNED	KENNETH	E.		458-38-2155
LEBLANC	JOSEPH	P.		456-12-4710
LEBLANC	MURPHY			461-52-8995
LEBLANC	PAUL	S.	JR.	461-20-6758
LEBLANC	WILFRED			436-14-7517
LEE	MACK			439-76-3814
LEWIS	CLYDE			454-09-5139
LEWIS	JIMMIE		SR.	456-42-1736
LEWIS	JOHN	E.		453-44-7256
LEWIS	MORGAN			436-12-8790
LITCHFIELD	ELTON	E.		454-09-9267



LOGAN	JAMES	L.	SR.	500-42-8478
LOGUE	CLARENCE			464-22-2730
LOSOYA	SEFERINO	J.		460-70-4580
LOWE	DONALD	R.		460-34-8114
LUDWIG	THEODORE	T.		439-01-1667
LYON	FRED	M.		464-22-5317
MACHANN	EDWIN	J.		461-30-9246
MACHEMEHL	KENNETH	E.	SR.	449-56-3604
MACIEL	VICTOR	C.		455-34-2617
MACKEY	ANDY			467-88-2654
MAENLE	ROBERT	G.		299-36-9025
MANN	TOM	D.		450-34-5473
MANSELL	DOUGLAS	R.		151-26-2575
MARAIST	WALTER	A.		454-10-0507
MARS	JAMES	G.		300-20-7748
MARSHALL	HORACE	F.		418-16-1445
MARTIN	JEAN			456-50-8201
MARTIN	RONALD	G.	SR.	466-82-9742
MARTIN	WILLIE			423-26-6961
MARTINEZ	RUDOLPHO			452-66-1301
MARZE	CLIFTON	V.		460-54-1110
MATHEWS	OLIVER			437-34-5455
MCAULIFFE	WILLIE	F.		429-38-8057
MCCARTY	TOM	B.		466-12-5158
MCCLAIN	BILLY	M.		465-46-2859
MCCREADY	RUSSELL	A.		241-52-8906



MCDANIEL	CHARLES	H.	464-16-9809
MCDANIEL	LYNN	D.	453-62-0855
MC GEE	GLENNIE		416-34-1781
MCKINLEY	WILLIAM	P.	424-09-6633
MCLAIN	NEWTON	E.	464-46-2503
ME AUX	SHELTON	G.	438-38-5438
MIKE	LOIS	S.	457-90-1912
MITCHELL	LUMOS	K.	456-12-8394
MITCHELL	ROGER		421-05-1218
MONCEAUX	FARLEY	D.	467-52-8927
MONCEAUX	MARCIE		439-42-6316
MOODY	WILLIAM	D.	511-12-3382
MOORE	PERCY	J.	433-32-9116
MORGAN	ALFRED	W.	449-14-5685
MORGAN	DONALD	B.	457-52-7837
MORRIS	RUBY	L.	424-46-9454
MORRISON	JERRY	A.	554-58-1029
MOSES	BUSTER		444-12-6953
MOSLEY	ROBERT	L.	300-38-1005
MOSS	ARNOLD	L.	460-10-2480
MURPHY	CLARENCE		421-01-4974
NAPIER	CARL	C.	232-68-6306
NAQUIN	MALCOLM	M.	436-10-1429
NARANJO	J.	N.	457-20-4778
NELSON	ROY	F.	465-03-3220
NEWMAN	WILLIAM	G.	459-03-8590



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NEWTON	BERNICE			433-20-5394
NOLTE	HENRY	K.	JR.	461-30-1248
NORRIS	AMBROSE	J.		466-36-4806
OAKES	GLENN			565-50-6408
ODOM	LAVON	N.		464-18-4774
OLSON	VICTOR	B.		451-46-9092
ORTOLON	JAMES	C.		463-44-0396
OSBON	ALMER	T.		467-01-8769
PACHECO	RAUL			458-46-3735
PARKS	CHARLES	S.		255-32-4293
PATIN	CLARENCE			438-20-4880
PATTILLO	KATHERINE	H.		464-22-2766
PATTON	EDDIE			420-18-0021
PAYNE	ROY	L.		459-09-3187
PEACOCK	ROY	B.		461-20-7176
PENNINGTON	AARON	J.		467-62-5044
PEREZ	ANTONIO			458-96-6042
PEREZ	FRED	L.		457-70-4211
PERKINS	RICHARD			450-56-1884
PERRY	CHARLES	R.	SR.	449-40-5797
PETE	HENRY		SR.	450-66-5577
PETE	JIMMY			460-54-1194
PETRUS	FRANCIS	E.		150-14-6381
PHILLIPS	JAMES	J.		504-24-9172
PHILLIPS	LOYD	D.		450-07-4172
PIERCE	JOHN	B.		464-22-4254



PITCHFORD	HAROLD	E.		292-22-1789
PITTS	OWEN	L.		458-16-1400
POLLARD	JOHN	T.		455-48-2426
POLLOCK	RAYMOND	E.		458-30-9710
POSS	JAMES	A.		458-26-7779
POUSSON	WALTER	L.		434-34-3542
POWELL	DONALDSON	L.		463-68-3604
PUES	HAROLD	N.		395-14-5975
PULLIAM	JACK	H.		254-20-2494
PURVIS	COLBERT	W.		450-16-6994
RAMIREZ	VALENTIN			467-48-3384
RAMON	RUBEN	V.		462-54-9181
RAMSEY	GRADY	L.	JR.	453-34-1285
RAMSEY	JACK	M.		457-20-3310
RAMSY	MARVIN	M.	SR.	439-36-7293
RAY	JOHN			418-09-2793
RAYBURN	ZEFF	L.		460-10-3249
REDMON	LEO			456-12-8145
REEVES	MAXINE			450-28-2392
REILY	JOHN	J.		220-24-1287
RESENDEZ	VIRGINIA			451-64-3927
REYNARD	WILLIAM	C.		225-28-5800
REYNOSA	MANUEL	F.		449-36-1468
RHODES	JAMES	R.	SR.	451-36-5116
RICHARD	DORAN	J.		454-42-6033
RICHARD	RAYMOND	V.		458-09-4229



RICHARDSON	ERIC	T.	433-38-6982
RICHARDSON	TAYLOR		419-26-0539
RICKS	JOHN		454-10-7286
RICKS	JOHN	H.	433-16-7551
RIDGLE	WILLIE		430-20-9863
RIGGS	HAROLD	B.	434-14-9149
RILEY	LOUNEAL		431-78-2264
RIPPY	LEO	F.	440-16-5092
RIVERA	OLIVIA		460-42-1860
ROBERTS	DONNIE		452-66-1344
ROBINETTE	PLEZ	H.	454-34-3903
ROBINSON	JAMES	A.	248-66-7862
RODRIGUEZ	ALEX	A.	455-42-5206
RODRIGUEZ	RICHARD	D. JR.	457-70-8455
ROFF	LEON	A.	455-28-1581
ROGERS	HAROLD		454-10-7750
ROGERS	ROY		465-07-4757
ROSE	ELTON	L.	439-40-9873
ROY	LOUIS		437-09-2945
RUCKA	LEO	V.	452-44-6890
RUIZ	MODESTO	S.	458-22-6890
RUSSELL	IRA	A.	459-09-7049
SAMPSON	VAN	A.	210-07-5542
SANDERS	WILLIE	D.	266-24-7990
SANFORD	GARLAND	B.	464-01-6931
SARDEN	JACOB		439-38-2903



SAULS	CECIL	R.		451-16-4916
SCHAPER	VICTOR			457-50-5777
SCHAPPER	PEYTON	A.	JR.	460-30-7552
SCHLOSSER	TIM			299-50-4441
SCOTT	JOHN	E.		453-68-4909
SEALS	PORTER			424-28-3536
SEGURA	ALLEN	J.		451-46-5055
SERDA	MIGUEL	R.	JR.	465-66-7075
SEVERIN	WALTER	P.		450-66-6388
SHARP	RICHARD	A.		460-10-1915
SHAW	DENNIS	D.		291-48-3355
SHEPHERD	HIRAM			461-03-8819
SHOULTZ	LARRY	T.		424-44-7517
SHOUP	ROBERT	L.		176-09-1666
SIMMONS	LUTHER			451-46-8572
SIMON	EDDIE			459-03-6248
SKINNER	HOMER	G.		467-34-0985
SMITH	CHARLES	W.		432-86-4909
SMITH	CLAYTON	D.		459-03-0996
SMITH	DANIEL	C.		421-10-4346
SMITH	ERNEST			451-18-9317
SMITH	MERRIAM	A.		514-56-3485
SMITH	ZEBEDEE			587-86-7654
SMOOT	LEALER	L.		422-28-2473
SOUTHERN	WILLIE		SR.	439-38-1791
SPELL	EUGENE	W.		449-18-3658



SPURLOCK	ESKER	L.		456-34-1719
STATEN	WILLIE			266-26-6554
STEPHENS	WARREN	C.		452-26-6503
STEPHENSON	F.	A.	JR.	456-34-6195
STEVENS	SYLVAN	G.		451-36-0706
STEWART	DAN	B.		427-20-2246
STEWART	GRIFFIN			459-09-9072
STEWART	JOHNNIE			450-03-9916
STEWART	THOMAS			435-01-9090
STOUT	RALPH		JR.	449-01-3475
STRICKLEN	LOREN	L.		431-22-3658
STRINGER	WILLIAM	O.		462-44-7013
SULLENDER	ROHLIN	E.	JR.	461-64-2651
SUMLER	ALTON	E.		434-28-1030
SWEARINGEN	FRANK	M.		454-40-8615
SWEAT	LEONARD			466-28-1861
SWYMER	JAMES	T.		253-38-4074
TADDIA	ANGELO	R.		024-26-3566
TANTON	WILLIAM	J.		451-36-5837
TERRO	NOLANCE			439-16-2842
THERIOT	RIVERS	L.		454-10-0914
THIBODEAUX	LEROY	J.		438-46-5981
THIBODEAUX	PHILLIP	R.		439-16-8187
THOMAS	BENNIE	J.		454-58-1995
THOMAS	VESSIE			449-03-9031

REDACTED



NR GRACE-PIQ 007563-062

THOMPSON	BRYAN	H.		072-20-9769
THREATS	JOSEPH			439-38-2216
TIGNER	OSCAR			465-16-7147
TOMPKINS	JOSEPH	R.		189-22-3627
TOMPLAIT	DENNIE	G.		450-56-6427
TORTORICE	JAKE			452-09-5544
TRAHAN	BERNARD	C.		435-32-3418
TRAWEK	WALTER	W.		454-10-6466
TRAWEK	WALTER	W.		454-10-6466
TRIPLETT	JOHN	W.		402-60-7681
TYNES	FRED	H.		437-30-0969
URBAN	MARTIN	J.		138-07-4111
VASQUEZ	ENRIQUE	M.	JR.	457-66-2382
VAUGHAN	JOHN	C.		452-48-4899
VIDALIER	MURPHY	J.		433-32-6529
VINEGAR	FISHER			437-20-8605
VOTAW	JAMES	J.		452-30-3242
VOTAW	WILLIE	R.		461-20-6579
WACTOR	RAY			438-30-4654
WAGNER	RICHARD	J.		059-18-2716
WALKER	NEDDIE	D.		425-40-2828
WALKER	ROBERT	D.	SR.	453-56-7370
WALLACE	JAMES			453-44-6660
WARREN	WILFORD	G.		459-02-1029
WEAVER	ARCHIE	MC		418-48-0811
WEAVER	WOODIE			417-56-7822



WEBB	HAROLD	B.		235-01-4056
WELCH	THOMAS	L.		463-16-8915
WELDON	HENRY	T.	SR.	437-24-3976
WHISENANT	R.	V.		451-36-2353
WHITAKER	JEWEL			452-24-8698
WHITE	FRANK	W.		445-16-6088
WHITLEY	ACCIE	L.		460-58-8076
WILEY	ELBERT		SR.	459-05-2671
WILLIAMS	FELTON			459-09-8719
WILLIAMS	HUNTER			428-12-1058
WILLIAMS	KENNETH	C.		440-26-7727
WILLIAMS	SAMMY	A.		443-26-0222
WILLIAMS	TIMOTHY			421-66-8954
WILLIAMS	TOM			367-32-7547
WILLS	DENNIS			454-32-2974
WILSON	REMUS			262-24-9555
WING	EUGENE			436-20-4316
WISE	JOHN	E.		464-54-8560
WISRODT	AUGUST	V.		438-26-0240
WOOD	JOSEPH	L.		428-38-4246
WOOD	OLVIN	R.		462-44-6641
WOOD	THOMAS			423-20-5860
WOODRUFF	FRANK			431-18-7141
WOODS	LELAN	R.		464-22-3939
WOODS	ROY	G.		558-36-7849
WRIGHT	ALPHONSE	C.		422-01-9721



WRIGHT	B.	M.		466-36-3246
WRIGHT	WILLIAM	L.		460-44-7602
YARBROUGH	J.	B.		415-16-4465
YOUNG	HERBERT			437-22-3661
ZAPATA	RODOLFO		JR.	461-13-1722
ZERKO	JOHN	D.		460-54-1519



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BILLING: P/P	
FILE #: RUST CONSULTING User Name: BONNIE HENRY	
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